FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **639698** **(0)**

1. Corporation Name

P. V. M. ASSOCIATES, INC.

Principal Place of Business	Mailing Address
910 SYLVAN AVENUE ~~900 SYLVAN AVE.~~ ENGLEWOOD CLIFFS NJ 07632 US	910 SYLVAN AVENUE ~~900 SYLVAN AVE.~~ ENGLEWOOD CLIFFS NJ 07632 US

3. Date Incorporated or Qualified: **10/15/1979**
3a. Date of Last Report: **02/24/1995**

4. FEI Number: **59-1954799** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

GOLDSMITH, ESQ, KAREN LEE
1420 GENE STREET
~~2700 W FAIRBANKS AVE~~ Delete this line
WINTER PARK FL ~~32790~~ 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1420 Gene Street
83
84 City: FL 85 Zip Code: 32789

11. Pursuant to the provisions of Section 607.0502 and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	ROSEN, JACK		2 NAME	
STREET ADDRESS	910 SYLVAN AVENUE		3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ		4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	7 TITLE	☐ Change ☐ Addition
NAME	INGBERMAN, ISRAEL		8 NAME	
STREET ADDRESS	910 SYLVAN AVENUE		9 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ		10 CITY-ST-ZIP	
TITLE	VSTD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	ROSEN, JOSEPH		12 NAME	
STREET ADDRESS	910 SYLVAN AVENUE		13 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ		14 CITY-ST-ZIP	
TITLE	VAS	☐ DELETE	15 TITLE	☐ Change ☐ Addition
NAME	GEIZHALS, BENJAMIN		16 NAME	
STREET ADDRESS	910 SYLVAN AVENUE		17 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ		18 CITY-ST-ZIP	
TITLE		☐ DELETE	19 TITLE	☐ Change ☐ Addition
NAME			20 NAME	
STREET ADDRESS			21 STREET ADDRESS	
CITY-ST-ZIP			22 CITY-ST-ZIP	
TITLE		☐ DELETE	23 TITLE	☐ Change ☐ Addition
NAME			24 NAME	
STREET ADDRESS			25 STREET ADDRESS	
CITY-ST-ZIP			26 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is complete, current and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, added or deleted.

SIGNATURE: _____ 3/28/96 201-567-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Benjamin Geizhals, VP

Daytime Phone #

CR2E034 (12/95)